Governor's State Employee Medal of Valor



Special Act / Special Service Award Nomination Package

State of California
Department of Personnel Administration
2008

Program Information

The Governor's State Employee Medal of Valor Award is the highest honor the State can bestow upon its employees and is awarded to individuals who have performed an extraordinary act of heroism above and beyond the call of duty to save the life of another person. In many instances, these individuals have risked their own lives to save another. The Special Act and Special Service awards are honorary and consist of a certificate, citation, medal and lapel pin.

A **Special Act (Gold)** is an extraordinary act of heroism by a State employee extending far above and beyond the normal call of duty or service, performed at great risk to his/her own life in an effort to save human life. This act may entitle the employee to a gold medal. Examples: An employee rescues a victim from a burning vehicle or burning house; an employee rescues an attempted suicide victim; an employee rescues a driver from a vehicle submerged in icy waters.

A **Special Service (Silver)** is an act of heroism by a State employee extending above and beyond the normal call of duty or service performed at personal risk to his/her safety to save human life or State property. This act may entitle the employee to a silver medal. Examples: An employee attempts to stop traffic on an icy road during a snow storm and seeks assistance for the rescue of a victim; an employee rescues a canine police officer which is considered State property.

To be eligible for an award, the nominee must be a State employee. Employees are nominated by their departments, and awards are presented annually at a ceremony in Sacramento, California, in late November or early December.

The incident may occur on or off duty and must be substantiated with documentation validating the special act.

For questions, please contact DPA's Merit Award Program at 916-324-0522.

Award Nomination Instructions

Please read and follow these instructions carefully. Failure to provide requested information and documentation will result in the return of your nomination and may delay timely processing for this year's Ceremony.

The award nomination package is assembled and approved by departments and directed to DPA for final review and approval. DPA must receive the nomination by September 1st of each year. DPA reviews and approves nominations on behalf of the Governor, contacts department directors/commissioners when nominations have been approved, and serves as the lead for all planning and logistics of the awards ceremony.

The nomination package must include:

 Special Act/Special Service Award Nomination (DPA 012) – Completed with all documentation attached and signed/approved by department's director/commissioner. Instructions for completing this form follow.

- A Draft Citation The citation is a summary of the heroic act and is printed and provided to the award recipient and read by the emcee at the ceremony. The format for the citation is as follows:
 - Page set-up: 8 ½ x 11 sheet of paper with 1" margins (top, bottom, left, and right)
 - Font: Arial, Size 12
 - Spacing: Double spaced
 - Length: Maximum 1-1/2 pages (Sorry, no exceptions)

A sample of a draft citation is attached.

Instructions for Completing the Special Act / Special Service Award Nomination Form (DPA 012)

1. Department Information

Department name – List the name of your department or agency.

Director/Commissioner – Provide the name, title, address, phone, fax, email, and cell phone or pager number for your department's director. This information is needed for communications relating to the awards, ceremony, etc.

Public Affairs/Communications Director – Provide the name, title, address, phone, fax, email, and cell phone or pager number of your department's Public Affairs or Communications Director. This information will be provided to the Governor's Press Office to coordinate possible media contact about or with awardees.

Departmental Nomination and Awards Ceremony Coordinator – Please provide the name, title, address, phone, fax, email, and cell phone or pager number of the individual that DPA can work with for this nomination and the award ceremony.

2. Nominee Information

Name of Nominee – Provide the name of the nominee as he/she would like it to read on the certificate, citation, ceremonial programs, press releases, etc. Because a number of these documents are signed by the Governor, it is critical that you verify the correct spelling, whether they want middle initial included, etc.

Title and Classification – Provide the title and classification of the nominee at the time of the incident.

Current Title and Classification – If the nominee has been promoted or left this position, please also provide his/her new title, classification and department and/or region.

Division or Region – Indicate the division or region where the nominee worked at the time of the incident.

Work or home address, city, state, zip – Provide either the home or work address of the nominee. This information will be used to determine the Nominee's legislative representative so they may be invited to attend the ceremony.

Telephone Number – Provide the work phone number of the nominee.

3. Incident

Date of Incident – Please verify the exact/correct date of the incident.

Time of Incident – Time may be the approximate hour, i.e., 3 am or 4 pm. Do not use military time.

Location of Incident – Please provide the exact location of the place where the incident occurred, including the name of the city in/near the incident and any pertinent references to the location. For example, Highway 49 in El Dorado County or 40 miles west of Los Angeles.

Conditions at time of incident (environmental hazards, weather) – Please describe the conditions of the location or weather so we can gain a full understanding of the conditions during the rescue. For example, landslide, rocks rolling down, bridge, mountain, car on fire, unable to see the passengers. Was the weather foggy, snowing, blizzard-like conditions, raining with cars sliding around?

Detailed description of the incident and rescue (or attempted rescue) and the risk the nominee faced in performing the special act – Provide a complete description of the incident and rescue (or attempted rescue), giving in detail the precise nature of the risk the nominee took in performing the special act and the method he/she used. Example: Without regard to his own safety, the nominee ran down the hill and attempted to pull the individual(s) from the helicopter.

Clarify how the nominee's act surpassed normal job expectancy – Example: The nominee broke down the door of the burning house to rescue five children who were alone in the house. He/She was not a fire fighter and was not expected to place his/her life on the line.

Length of rescue time – Did it take the nominee 2 minutes or 2 hours to rescue the victim?

Outside assistance – Were there other individuals or agencies involved in the rescue and what aid was received by the nominee in performing the special act. Provide the name(s) of those giving assistance.

Name and contact information for person(s) rescued – Provide the name, address, and phone numbers of individuals that were rescued. Depending on the circumstances, the individual(s) may be asked to attend the awards ceremony to further honor the nominee by being recognized at the ceremony.

Physical effect of incident / rescue to nominee and the individual(s) rescued – What physical effect did this special act have on the nominee and the individual(s) rescued? If injured, provide details on the nature of the injuries and how long they were disabled. If death resulted, state cause of death.

What documents have you attached to substantiate this nomination? (check and attach all that apply).

- Investigating police, fire and/or other emergency agency reports
- Eyewitness reports
- Newspaper articles
- Internal Investigation/Report
- Citation
- Other (please describe)

4. Requested Award

Please check the award Special Act (Gold) or Special Service (Silver) for which you are recommending the nominee receive.

5. Department Approval

Nominations must be signed by your department's director or commissioner.

Please send completed Award Nomination Package to:

Department of Personnel Administration Benefits Division / Merit Award Program 1515 S Street, North Building, Suite 400 Sacramento, CA 95811-7258

CITATION FOR A HEROIC ACT

Performed by

BRIAN SCOTT BUSHEY Officer

California Highway Patrol

On November 3, 2006, California Highway Patrol Officer Brian Scott Bushey performed an act of heroism at great risk to his personal safety by rescuing a woman from drowning in a near-freezing creek as a result of a vehicle collision.

At approximately 10:00 p.m., Officer Bushey was on patrol in rural Alpine County on State Route 89 when he responded to a call of a collision involving a vehicle overturned in an adjacent creek. Upon arrival, he was informed that a female victim was trapped inside. Officer Bushey made his way down the embankment to the vehicle where he observed a Toyota 4Runner still running on its left side partially submerged in a flowing creek. Inside was a female in the driver seat thrashing frantically in an attempt to keep her head above the water, with her left arm pinned between the 4Runner and the creek bottom. Officer Bushey originally thought about utilizing his patrol vehicle's winch to tow the 4Runner out of the creek, however, this was not an option due to the icy conditions of the roadway. He approached the submersed vehicle and crawled into the passenger area behind the driver's seat to assist the panicked driver in keeping her head above the water. During this effort, Officer Bushey stood in frigid, waist-deep water and gave reassurance to the woman that she would be rescued. Officer Bushey remained in this position for nearly 45 minutes until fire personnel were able to safely raise the vehicle and allow the extrication of the victim from the 4Runner.

Officer Bushey's actions during this rescue were responsible for saving the life of another.

The State of California takes great pride in presenting to Officer Brian Scott

Bushey the highest honor within its power to bestow upon its employees: this Gold

Medal of Valor for an extraordinary act of heroism extending far above and beyond the normal call of duty or service.



STATE OF CALIFORNIA DEPARTMENT OF PERSONNEL ADMINISTRATION

Governor's State Employee Medal of Valor Special Act / Special Service Award Nomination

DPA 012 (Revised 2008)



Please carefully read the award nomination instructions in the Special Act/Special Service Award Nomination Package before completing this form. The following information is required for all nominations. If you fail to provide the requested information your form may be returned which may delay processing your award nomination.

1. DEPARTMENT INFORMATION	
Department Name:	
Name of Director/Commissioner:	Title:
Street address:	City, State, Zip Code:
Phone number:	Fax:
Email:	Cell Phone/Pager:
Name of Public Affairs/Communications Director:	Title:
Street Address:	City, State, Zip Code:
Phone Number:	Fax:
Email:	Cell Phone/Pager:
Name of Departmental Nomination/Awards Ceremony Coordinator:	Title:
Street Address:	City, State, Zip Code:
Phone Number:	Fax:
Email:	Cell Phone/Pager:
2. NOMINEE INFORMATION	
Name of Nominee:	Title and Classification (on date of incident):
Division or Region:	Current Title and Classification (if different than above):
	(
Home/Work Address:	City, State, Zip Code:
	0.0,, 0.00.0, =.p 00000.
Phone Number:	Cell Phone/Pager:
	John Honor again
3. INCIDENT	
Date of Incident:	Approximate time of Incident (do not use military time):
bate of modern.	Approximate time of incident (do not use mintary time).
Location of Incident:	
Location of incident.	
Conditions at time of Incident (environmental hazards, weather):	
Conditions at time of incluent (environmental nazards, weather):	

INCIDENT (continued)	
Detailed description of the incident and rescue (or a additional paper if necessary):	attempted rescue) and the risk the nominee faced in performing the special act/special service (attach
Length of rescue time:	Outside assistance: No Yes (if yes, provide names below)
Name:	
	Department or Agency:
I	Department or Agency:
Name:	
	Department or Agency: Department or Agency:
Name and contact information for person(s) rescued	Department or Agency: Department or Agency:
Name and contact information for person(s) rescued	Department or Agency: Department or Agency: d (attach additional paper if necessary):
Name and contact information for person(s) rescued Name: City, State, Zip:	Department or Agency: Department or Agency: d (attach additional paper if necessary): Street Address:
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Name: Name and contact information for person(s) rescued Name: City, State, Zip: Name: City, State, Zip: Name: City, State, Zip:	Department or Agency: Department or Agency: d (attach additional paper if necessary): Street Address: Phone Number: Street Address: Phone Number:

Dhysical effect of incident/rescue to remines and the individual(s) rescued:		
Physical effect of incident/rescue to nominee and the individual(s) rescued: What documents have you attached to substantiate this nomination? (check	and attach all that apply):	
Investigating police, fire and/or other emergency agency reports		
	,	
Eyewitness reports Newspaper articles		
Internal Investigation/Report		
Citation Other (please describe)		
4. REQUESTED AWARD		
Please check the award you are recommending the nominee receive:		
Special Act (Gold) Special Act (Gold)	cial Service (Silver)	
In accordance with the provisions of Section 19823 of the Government Code and procedures set forth in DPA Regulations 599.655, I certify that the details provided herein for this nomination are accurate and true to the best of my knowledge and recommend a Governor's State Employee Medal of Valor Award be given to the above nominee for their Special Act/Special Service.		
Print Name:		
	Title:	
Signature:	Title: Date	
Signature: Department:		
Signature:	Date	
Signature: Department: Telephone Number: 5. DEPARTMENTAL APPROVAL	Date Division: Date:	
Signature: Department: Telephone Number: 5. DEPARTMENTAL APPROVAL Print name of Director/Commissioner:	Date Division:	
Signature: Department: Telephone Number: 5. DEPARTMENTAL APPROVAL	Date Division: Date:	
Signature: Department: Telephone Number: 5. DEPARTMENTAL APPROVAL Print name of Director/Commissioner: Signature: DEPARTMENT OF PERSONNEL ADMINISTRATION APPR	Date Division: Date: Title: Date: OVAL (DPA USE ONLY)	
Signature: Department: Telephone Number: 5. DEPARTMENTAL APPROVAL Print name of Director/Commissioner: Signature:	Date Division: Date: Title: Date:	